## BEST AVAILABLE COPY

								Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000									098875/0					
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OR	OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS			25		the consistent of the state of		RA	ſΕ	FEE	[	RATE	FEE		
FOR TWO IS NOT THE REPORT OF THE PERSON OF T			NUMBER FILED		NUMBER EXTRA		BASIC	FÉE	355.00	OR	BASIC FEE	710.00		
TOTAL CHARGEABLE CLAIMS			25 mini	us 20=	. 5		X\$ 9=		* ! * !	OR	X\$18=	90		
INDEPENDENT CLAIMS			4 min	us 3 =	• 1		X40=			ÖR	X80=	80		
MULTIPLE DEPENDENT CLAIM PRESENT							+13	5=		OR	+270=			
* If the difference in column 1 is less than zero, enter "0" in column 2						olumn 2	TOI	TOTAL		OR	TOTAL	880		
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)							OTHER THAN SMALL ENTITY OR SMALL ENTITY							
NTA	desimilaring the second second	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	Lance of the second	HIGH NUM PREVI	MN 2) HEST IBER OUSLY FOR	(Column 3) PRESENT EXTRA	RA		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
AMENDMENT	Total	*	Minus	**		=	X\$	9=		OR	X\$18=			
MEN	Independent	*	Minus	***		=	X4	O=		OR	X80=			
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+13	5=		OR	+270=			
								OTAL			TOTAL ADDIT. FEE			
	(Column 1) (Column 2) (Column 3)						ADDIT	. , ÇE		-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
MENT B	gilonoma kilkana ususika ususanaja a s	CLAIMS REMAINING AFTER AMENDMENT	a har a service of the control of the service of th	NUI PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
Š	Total		Minus	**		=	X\$	9=		OR	X\$18=			
AMENDA	Independent	•	Minus	***	T OL A !! :	=	X4	0=		OR	X80=			
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+13	35=		OR	+270=			
-	<u>.</u>	,					ADDIT	OTAL		OR	TOTAL ADDIT. FEE			
		(Column 3)	70011			-								
AMENDMENT C	k men e men e te e e e e e e e e e e e e e e e e	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIG NUI PREV	IMN 2) HEST MBER HOUSLY D FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
POM	Total	•	Minus	**		=	X\$	9=		OR	X\$18=			
ME	Independent		Minus	***	IT 61 111	=	X4	0=		OR	X80=			
F	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							35=		OR	+270=			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	TOTAL			
	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													
l														